

Shipping Form

Ship to: The Shock Shop 13105 170th Ave SE Becker, MN 55308

| Today's date// (MM/DD | D/YYYY) |
|---|---|
| Contact Information | |
| Name: Company Name(If applicable): Address: City: State: Primary Phone #: Sec | Zip Code: condary Phone #: |
| Email(optional): | |
| Payment Methods Accepted: (We completed) | will call for payment when |
| DISCOVER DISCOVER | AMERICAN PayPal |
| Return Shipping Info: | Shipping Address: (if different from above) |
| Signature required: Yes No | Name: Company Name: |
| Insurance Desired?: Yes No | (If applicable) |
| If yes, specify coverage amount \$ *Cost is approximately \$8 per \$1000 of coverage | Address: |

Note: Please label any air shocks (Fox, Walker Evans, or any others that are not holding air pressure). We like to locate the source of the leak prior to tear down.

City: _

State: _

Zip:

| Vehicle a | nd Rider information: | | |
|--------------|--|--|--|
| Year: | | Rider Weight(without gear): | |
| | | - · · · · · · · · · · · · · · · · · · · | |
| | | _ | |
| iviiioago: _ | | (Laggago, Faccongol, etc.) | |
| | | | |
| What are | e your service needs? | | |
| Basic Ser | • | Modify Shocks: | |
| Rebu | uild | Revalve(Call to discuss options and prices) | |
| Call o | only if parts are needed. | Revalve for weight of rider and gear. | |
| | with estimate. | | |
| | | | |
| l.a | | | |
| ın | structions: | | |
| 1. | | e is a \$10 charge for washing each shock that shows up with excess | |
| 0 | dirt attached). | holto linkagan ata | |
| 2. 3. | Remove all unnecessary covers, bolts, linkages, etc. Secure eyelet spacers and bearings with a zip-tie to prevent loss during shipping(all items received | | |
| 0. | • | Shock Shop is not responsible for any parts lost in transit.) | |
| 4. | Please complete all 2 pages of th | | |
| 5. | Ship shocks with completed shipp | oing form tot he following address: The Shock Shop | |
| | | 13105 170th Ave SE | |
| | | Becker, MN 55308 | |
| | no Chook Chon Doliov | | |
| - 11 | ne Shock Shop Policy: | | |
| - | • | ng as accurate as possible, however all pricing quoted by email, | |
| - | phone, or the website, is subject to | o change. ough inspection of your components. | |
| - | | omer, and authorization by the customer is required before any work | |
| | will proceed or be completed. | sinon, and admonization by the education is required belone any ment | |
| - | If service is declined after estimate | e has been written, there will be a fee charged for estimate/ | |
| | teardown. | | |
| - | Payment method is to be provided | | |
| - | Balance is due in full before pickup or delivery. The Shock Shop will sell any customer components after 180 days from completed invoice date(to cover charges). | | |
| PI | ease sign below, indica | iting that you have read and agree to all | |
| | olicies stated in this for | | |
| - | ign Name | Date | |
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